1998 Winter-Spring Registration

cla:	ss Reg	istration	begins	Tuesday,	December	30		
Participant or le	gal guardia	n must comj	plete the form	in its entirety	prior to the first c	elass meetii	ng.	
Participant's LAS	ГNАМЕНЕІ	RE:						
Address	City				Zip			
Phone(Day)			(Ev	e)				
Emergency Contact: NamePhone								
Have you participated in any Rocklin Programs within the past 12 months? YES NO								
Participant's First Name Her	Participant's Birthdat First Name Here			Class Name		Fee	Office Use	
					Number			
		├──├						
		 						
			ELEASE & IN	TENERA (INTERPRA				
and discharge any participating) may participating) may participation in the volunteers, and any way with my or nearelessness on the can arise out of the hold harmless all of liable to me, or my waiver, release and indemnify and hold losses and expense caused in whole or or willful miscond	and all claim have, or whice activity(ies) yo ther involve my child's pare part of the pere activity(ies); of the persons of child (or my dassumption dharmless city in part by my cluct of the city ULLY READ	ns for damage ch hereafter act. This release ed public agenticipation in the risons or public knowing the rison agencies meror my child's of risk is to be and its officer torney fees arison my child's not my child's	es for personal in accrue to me, or rese is intended to noise from and ago the activity, even a agencies mentioned above when the interest of assigns are binding on my or sofficials, emplising out my or megligent act, exc	njury, death, or p my child, against discharge the ci- ainst any and all in though that liab oned above. I furt s, I hereby agree to the (through negli- for damages. It and my child's la loyees and volunt my child's participate the caused	above activity(ies), I horoperty damage white the city as a result ity, its officers,	ich I or my of my or my cials, employ cials, employ of or connected of the neglinaccidents and to release and to release might other and agreed an addition, I tall claims, dies) describe ence, sole neg	child (if y child's yees and ed in any gence or l injuries se and to erwise be that this agree to lamages, ed above, gligence,	
INDEMNIFY TH	IE CITY ANI	D I SIGN IT (OF MY OWN F	REE WILL.	F LIABILITY AND			
Signature of Partic	cipant (if unde	r 18, Parent or Guardian)			Date			
Fefund Amount:_	Amount: Rea	CK vson	C#I P.O.#	Receipt#	Date	ву		

Registration for



begins

Tuesday,

December

30



Sign up in person at: Rocklin Community Services Office 5484 Fifth Street

Office Hours:

Monday - Friday 8:00 am - 4:30 pm

After-hours registration may be deposited in the office mail slot.

Policies Registration

- 1. Program fees, dates, and times are subject to change.
- 2. In compliance with the American Disabilities Act, the City of Rocklin encourages those with disabilities to participate in our programs. If you have special needs, please call us at 632-4100.
- 3. Registration is on a first-come, first-served basis.
- 4. Advance registration is required for all classes, special programs.
- 5. Lab (materials) fee may be included in class fee or paid to instructor at first class. Check specific class listing.
- 6. No reduction of fees for late registration.
- 7. The City has established nonresident fees of 25% for all recreation programs.
- 8. Trip registration and camps require special registration forms and emergency/medical forms to be completed and signed.

Mail-in



Phone-in



Send to:

classes

Class Registration Community Services Dept P.O. Box 1380 Rocklin, CA 95677

Please enclose completed, signed, registration form with check or money order made payable to: "City of Rocklin." Send at least a week before start of class date. We service walk-ins first.

Procedures

- 9. Your check is your receipt unless a self-addressed, stamped envelope is enclosed.
- 10 .Rocklin residents not paying by pre-printed Rocklin check may be required to confirm proof of residency to the satisfaction of the Community Services Department.
- 11. The Department reserves the right to cancel any program.
- 12. Classes without minimum enrollment may combine with another class or cancel.
- 13.Refunds are issued only if a class is cancelled by the department, and upon request when date, time or location changes by the department prohibits attendance.
- 14. No other refunds, credits or transfers will be made except under special circumstances. Policy procedures are listed in the office.
- 15. Refunds may take up to 3-4 weeks to process.

Sorry, we do not accept over-thephone registration for classes. Completed registration form and payment reserves your spot.

Waiting lísts

Once a class is filled, a waiting list will be taken. You may call 632-4100 to be placed on a waiting list.

Important

Phone Nu	ımbers					
Chamber of Commerce	624-2548					
DMV	624-1602					
Rocklin Branch Library	624-3133					
Rocklin High School	632-1600					
Rocklin Post Office	1 (800)					
	275-8777					
Rocklin School District	624-2428					
Senior Services:						
Volunteer Center	888-7137					
Nutrition Program	624-2667					
Sierra College	624-3333					
Auburn Placer Disposal	885-3735					
Pacific Bell Telephone						
New Service	1-811-2199					
P G & E	1 (800)					
	540-4743					
PCWA	823-4850					
Roseville Telephone	786-6141					
South Placer M.U.D.	652-5877					
Starstream Communications						
(Cable T.V.)	652-9277					
Youth Organizations:						
Not affiliated with Community						
ServicesDepartment. Please contact						
these organizations directly.						
5-Cities Girls' Softball:						
Joe Ingram	624-7918					
Loomis Dolphin Swim Team						
Jean McTaggart	624-9003					
Rocklin Jr Thunder						
Football Hot Line	497-1369					
Rocklin Little League	632-7756					
Rocklin Soccer Club 773-7217						
Rocklin Wave Swim Team						
Lynn Van Camp	624-2349					
Tri City Little League	773-4454					